



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF HEALTH SYSTEMS RESEARCH AND DEVELOPMENT
P.O. BOX 570, JEFFERSON CITY, MO 65102
MISSOURI NURSE LOAN REPAYMENT PROGRAM

APPLICANT'S PERMISSION FOR DISCLOSURE

MUST BE PRINTED OR TYPED

Complete for each loan you wish to be included in the agreement. This authorizes your lender to verify the information about the nursing education loan you have described here and disclose its purpose and amount to the Department of Health.

FOR CONSOLIDATED UNDERGRADUATE AND GRADUATE EDUCATION LOANS

If you have consolidated your loans for undergraduate and/or graduate education costs, you must attach a copy of the loan documents for the education costs that were consolidated into a new loan. The Missouri Nurse Loan Repayment Program will only pay for nursing education costs.

THE UNDERSIGNED HEREBY AUTHORIZES THE FULL DISCLOSURE OF ANY INFORMATION REGARDING THE NATURE, AMOUNT, TERMS AND STATUS OF THIS LOAN FOR THE PURPOSE OF ENTERING AN AGREEMENT WITH THE DEPARTMENT OF HEALTH FOR REPAYMENT OF SAID LOAN.

(A copy of the promissory note for the loan described here must be attached to this form.)

APPLICANT INFORMATION

NAME		SOCIAL SECURITY NUMBER	
STREET			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()

LENDER INFORMATION

LENDER INSTITUTION OR CURRENT HOLDER OF LOAN NOTE			
NAME AND TITLE OF CONTACT PERSON			
STREET			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()

LOAN INFORMATION

LOAN ACCOUNT NUMBER	DATE OF ORIGINAL LOAN
PAYMENT AMOUNT \$	TOTAL PRINCIPAL OWED \$
TOTAL INTEREST CURRENTLY OWED \$	TOTAL NUMBER OF PAYMENTS
BORROWER'S SIGNATURE	DATE